

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 8-4-05      2 Serial/Patent # 10/519449

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	1	12/30/04	\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND      \$ 100

8 TO BE REFUNDED BY:

10 REASON:

☒ Overpayment  
☐ Duplicate Payment  
☐ No Fee Due (Explanation):

☒ Treasury Check  
☐ Credit Deposit A/C #:  
 9 

1	8	--	0	0	1	3
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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 SIGNATURE: *R. Johnson* PHONE: \_\_\_\_\_  
 OFFICE: \_\_\_\_\_  
 \*\*\*\*\*  
 THIS SPACE RESERVED FOR FINANCE USE ONLY:  
 APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*